

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/641987 FILING DATE 8/17/2000
APPLICANT(S)

CLAIMS											
AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						61					
2						62					
3						63					
4						64					
5						65					
6						66					
7						67					
8						68					
9						69					
10						70					
11						71					
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31						91					
32						92					
33						93					
34						94					
35						95					
36						96					
37						97					
38						98					
39						99					
40						100					
TOTAL IND.		TOTAL DEP.		TOTAL IND.		TOTAL DEP.		TOTAL IND.		TOTAL DEP.	
16	1	2	1	2	1	16	1	2	1	2	1
17		19		15		17		19		17	

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